



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FILED
05 JAN -4 AM 11:21
HARRISON TWP. MI. CLERK

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

3. This Statement covers From: AUG. 24, 2004 to OCT. 17, 2004
Mo Day Year Mo Day Year

1. Committee I.D. Number 13700850

4. Committee's Mailing Address 39295 RIVERCREST
HARRISON TWP. MI. 48045
Area Code and Phone (586) 465-1595

2. Committee Name CITIZENS FOR
RESP + ETHICAL GOV.

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

JAMES ULINSKI
39295 RIVERCREST

Area Code and Phone 586 465 1595

HARRISON TWP. MI 48045

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

Area Code and Phone

SAME AS ABOVE

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON

STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☒ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☒ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

November 2, 2004
Month Day Year

8g. ☒ AMENDMENT TO CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules, if any, and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper JAMES ULINSKI
Type or Print Name

Signature

Date 1 3 05
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 13700850
2. Committee Name CIT. FOR RESP. + ETH. GOV.
C.R.E.G.

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|---|---|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES ULINSKI</u> <u>39295 RIVERCREST</u> <u>HARRISON TWP. MI</u> If bank loan, name of endorser or guarantor: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>6/23/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1248</u> | <u>8/5/04 \$ 1000</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> | <u>1000</u> | <u>248</u> <input type="checkbox"/> FORGIVEN |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> | | <input type="checkbox"/> FORGIVEN |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> | | <input type="checkbox"/> FORGIVEN |
| Page Subtotal (Outstanding debt) | | | | <u>248</u> |
| Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.) | | | | <u>248</u> |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page _____ of _____

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page